

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. 07/699,479 FILING DATE 5/13/91
APPLICANT(S) Fosnough

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1		1	
2		1		1		1
3		1		1		1
4		1		1		1
5	1		1		1	
6		1		1		1
7		1		1		1
8		1		1		1
9		1		1		1
10		1		1		1
11		1		1		1
12	1		1		1	
13		1		1		1
14		1		1		1
15		1		1		1
16		1		1		1
17	1		1		1	
18				4		1
19				1		1
20				1		1
21				1		1
22				1	1	
23				2		1
24				1		1
25				1		1
26				1		1
27				1		1
28				1		1
29				1		1
30				1		1
31				1		1
32			1		1	
33			1		1	
34			1		1	
35			1		1	
36			1		1	
37			1		1	
38			1		1	
39			1		1	
40			1		1	
41			1		1	
42			1		1	
43			1		1	
44			1		1	
45			1		1	
46			1		1	
47			1		1	
48			1		1	
49			1		1	
50			1		1	
TOTAL IND.	4		10		10	
TOTAL DEP.	13		46		28	
TOTAL CLAIMS	17		56		38	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52		1				
53		1				
54		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						